

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097445991**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		INC.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		3		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		(1)		1			60						
11		(0)		1			61						
12		(0)		1			62						
13		(0)		1			63						
14		(0)		1			64						
15		(1)		1			65						
16		1		1			66						
17		(1)		1			67						
18		(1)		1			68						
19							69						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	20		17				TOTAL DEP.						
TOTAL CLAIMS	21		18				TOTAL CLAIMS						

BEST AVAILABLE COPY BEST AVAILABLE COPY